

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18307

**Entity Name:** CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.**Current Principal Place of Business:**2885 ASHLEY DR E.  
WEST PALM BEACH, FL 33415**Current Mailing Address:**2885 ASHLEY DR E.  
WEST PALM BEACH, FL 33415**FEI Number:** 59-2769277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLEY WYANT-CORTEZ  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	ROTH, NANCY
Address	2936 ASHLEY DR E #F
City-State-Zip:	WEST PALM BEACH FL 33415

Title	VD
Name	JONES, DAVID
Address	2765 ASHLEY DR W #D
City-State-Zip:	WEST PALM BEACH FL 33415

Title	TD
Name	SEHNAL, MARY-MONICA
Address	2840 ASHLEY DR E #G
City-State-Zip:	WEST PALM BEACH FL 33415

Title	SD
Name	KENNEDY, JOSEPHINE E
Address	2846 ASHLEY DR W #J
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	HOUT, APRIL
Address	2760 ASHLEY DR E #C
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	HOUT, JACK
Address	2915 ASHLEY DR W #C
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	GAGNON, SERGE
Address	2965 ASHLEY DR W #D
City-State-Zip:	WEST PALM BEACH FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NANCY ROTH

PD

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date